Case 18-14214-jkf Doc 23 Filed 10/03/18 Entered 10/03/18 11:33:36 Desc Main Document Page 1 of 2

Fill	in this information to identify y	our case.			1					
	, ,	Scott,, Jr.								
	otor 2 use, if filing)									
Uni	ted States Bankruptcy Court fo	or the: EASTERN DISTRICT PHILADELPHIA DIVIS		Α,						
Cas	se number 18-14214		_		Check	if this is:				
(If kn	own)				■ An	amende	d filing			
					_		nt showing point the following	oostpetition on the control of the c	chapter 13	
<u>O</u> 1	fficial Form 106l				MN	// DD/ Y	YYY			
S	chedule I: Your I	ncome							12/15	
supp spou attac	olying correct information. If use. If you are separated and	possible. If two married peop you are married and not filin I your spouse is not filing wit orm. On the top of any additio	g jointly, and your s h you, do not includ	spouse is livir de informatior	ng with you n about yo	u, includ ur spou	le informati se. If more	on about yo	our eded,	
1.	Fill in your employment information.		Debtor 1	Debtor 1			Debtor 2 or non-filing spouse			
	If you have more than one job	Employment status	■ Employed			☐ Employed				
	attach a separate page with information about additional employers.	Occupation	☐ Not employed			☐ Not employed				
	Include part-time, seasonal, self-employed work.	•	Growing Toge	ther Day Ca	re					
	Occupation may include stude homemaker, if it applies.	dent or Employer's address	1225 Pine St Norristown, PA 19401-3261							
		How long employed th	nere?							
Par	t 2: Give Details About	t Monthly Income								
unle	ss you are separated.	he date you file this form. If you	Ü			·		•		
spac	e, attach a separate sheet to the	is form.						-		
					For Debte	or 1	For Debt non-filing	or 2 or g spouse		
2.		salary, and commissions (be hly, calculate what the monthly was a second commission of the commission		2. \$	3	10.00	\$	N/A		
3.	Estimate and list monthly of	overtime pay.		3. +\$		0.00	+\$	N/A		
4.	Calculate gross Income. A	dd line 2 + line 3.		4. \$	310	0.00_	\$	N/A		

Official Form 106I Schedule I: Your Income page 1

Debtor	1 -	Scott,, Oethan Jr.	_	Case r	number (if known)	18-14214	
				For	Debtor 1	For Debto	
С	op	y line 4 here	4.	\$	310.00	\$	N/A
5. L	ist	all payroll deductions:					
5	a.	Tax, Medicare, and Social Security deductions	5a.	\$	55.29	\$	N/A
5	b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A
5	c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A
5	d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A
5	e.	Insurance	5e.	\$	0.00	\$	N/A
5	f.	Domestic support obligations	5f.	\$	0.00	\$	N/A
5	g.	Union dues	5g.	\$	0.00	\$	N/A
5	h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	N/A
6. A	dd	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	55.29	\$	N/A_
7. C	alc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	254.71	\$	N/A
	ist a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A
8	b.	Interest and dividends	8b.	\$ 	0.00	\$	N/A
	С.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce		_			
		settlement, and property settlement.	8c.	\$	1,361.05	\$	N/A
	d.	Unemployment compensation	8d.	\$_	0.00	\$	N/A
8	e. f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8e. 8f.	\$ \$	1,476.00	\$ \$	N/A N/A
8	g.	Pension or retirement income	— 8g.	\$	0.00	\$	N/A
8	h.	Other monthly income. Specify: Anticipated Tax Refund	8h.+	\$		+ \$	N/A
9. A	dd	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,959.05	\$	N/A
		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	3	3,213.76 + \$_	N/A	A = \$ 3,213.76
Ir of D	nclu ther o n	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your de friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not availify:	ependent				. + \$0.00
		the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain			,	4.0	\$\$
13. D	00 V	ou expect an increase or decrease within the year after you file this form?	?				Combined monthly income
		No.					